

NEW YORK STATE TOBACCO CONTROL PROGRAM

LEADING THE WAY TOWARD  
A TOBACCO-FREE SOCIETY

2010–2013

# HEALTH AND ECONOMIC IMPACT OF TOBACCO USE IN NEW YORK STATE

## DEATHS IN NEW YORK STATE CAUSED BY SMOKING

Annual average smoking-attributable deaths	25,400
Youth currently ages 0–17 projected to die from smoking	389,000

## ANNUAL COSTS INCURRED IN NEW YORK STATE FROM SMOKING

Total medical costs to treat smoking caused disease	\$8.17 billion
Lost productivity costs associated with smoking	\$6.05 billion

## NEW YORK STATE REVENUE FROM TOBACCO

Fiscal Year 2010 tobacco tax revenue	\$1.4 billion
Fiscal Year 2010 tobacco settlement payments	\$841 million

## TOBACCO INDUSTRY INFLUENCE IN NEW YORK STATE

Annual tobacco industry marketing expenditures in New York State	\$429.6 million
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# FUNDING FOR TOBACCO CONTROL

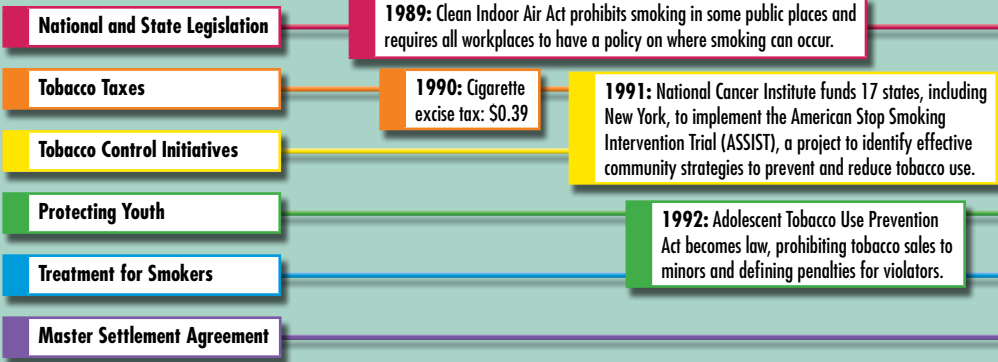
The Centers for Disease Control and Prevention (CDC) recommends that New York invest \$254.3 million annually in a comprehensive tobacco control program.

The current state investment in tobacco control represents about 10 percent of state revenue from tobacco taxes and Master Settlement payments.

Sources: Centers for Disease Control and Prevention. *Best Practices for Comprehensive Tobacco Control Programs*, October 2007; New York State Department of Taxation and Finance; Campaign for Tobacco-Free Kids.

### TIMELINE OF TOBACCO CONTROL ACTIVITY IN NEW YORK STATE, 1989–2010

#### 1989–1992



# NEW YORK STATE TOBACCO CONTROL PROGRAM

## VISION

All New Yorkers living in a tobacco-free society

## MISSION

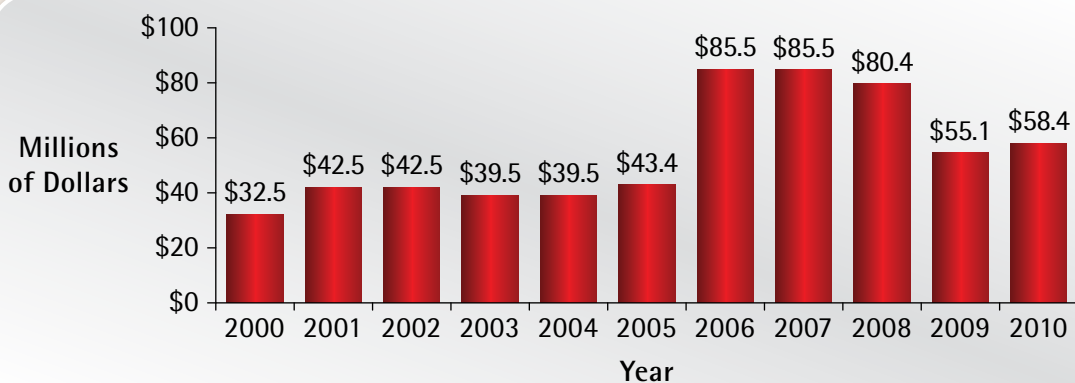
To reduce morbidity and mortality and alleviate the social and economic burden caused by tobacco use in New York State

## GOAL

To reduce the prevalence of adult cigarette use to 12% and adolescent cigarette use to 10% by 2013

## Funding for Tobacco Control

New York State, 2000–2010



## 1993–1999

**1994:** Clean Indoor Air Act amended to restrict smoking in educational institutions.

**1993:** Cigarette excise tax: \$0.56

**1997:** Adolescent Tobacco Use Prevention Act strengthened and funded to provide at least one compliance check of every tobacco retailer annually.

**1999:** CDC funds National Tobacco Control Program. New York awarded \$2 million a year for five years for comprehensive tobacco control.

**1999:** New York Medicaid Program provides coverage for tobacco dependence treatment medications.

**1998:** Master Settlement Agreement (MSA) reached between 46 state attorneys general and the leading tobacco companies to reimburse states for smoking-related Medicaid expenditures and reduce youth tobacco use.

**1999:** New York receives \$315 million under the MSA for past and future smoking related expenses to the state.

# PROGRAM PHILOSOPHY

The New York State Tobacco Control Program uses a policy-driven, population-based approach designed to prevent youth from smoking and to motivate adult smokers to quit

The New York State Tobacco Control Program (NYS TCP) implements three key programmatic strategies: community action, public health communications, and cessation interventions. These strategies are supported by surveillance, evaluation and statewide coordination.

**COMMUNITY ACTION:** The NYS TCP supports community organizations, youth, schools, and colleges to implement policies and systems changes that establish and support a tobacco-free norm.

**PUBLIC HEALTH COMMUNICATIONS:** The NYS TCP uses mass media, public relations and media advocacy to motivate tobacco users to quit, promote smoke-free homes and cars, promote effective tobacco control community policies, expose tobacco industry propaganda, and reduce the social acceptability of tobacco use.

**CESSATION APPROACHES:** The NYS TCP works with health care systems, insurers and employers to increase provision of and coverage for tobacco dependence treatment. While recognizing that most tobacco users quit on their own, the NYS TCP provides cessation support and services through the New York State Smokers' Quitline.

## 2000–2001

**2000:** Cigarette Fire Safety Act becomes law, initiating regulatory process; regulations go into effect in 2004.

**2001:** Tobacco product placement law enacted, requiring all tobacco products to be inaccessible to the consumer.

**2000:** Cigarette excise tax: \$1.11

**2000:** Health Care Reform Act establishes the Tobacco Use Prevention and Control Program, funded at \$110 million over three years.

**2001:** American Legacy Foundation funds a national Youth Empowerment Program. New York awarded \$1 million a year for three years for youth programs.

**2001:** Adolescent Tobacco Use Prevention Act strengthened to include revocation of tobacco and lottery licenses for repeat offenders.

**2000:** New York State Smokers' Quitline established, offering free coaching and support to quit smoking.

**2000:** New York receives \$716 million under MSA.

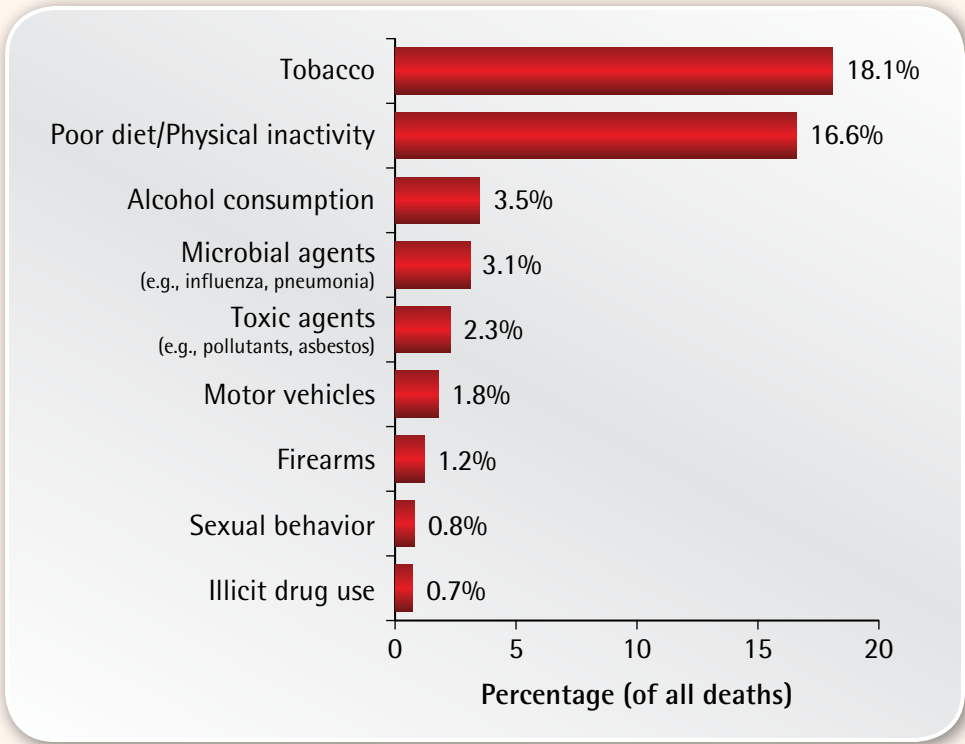
**2001:** New York receives \$772 million under MSA.

# PREVENTION AGENDA TOWARD THE HEALTHIEST STATE 2008–2013

The New York State Department of Health's Prevention Agenda identifies 10 statewide public health priorities for improving the health of all New Yorkers. One of these 10 priorities is tobacco use prevention and control. The goals and strategies of the New York State Tobacco Control Program are closely aligned with those of the Prevention Agenda. As shown in the figure below, tobacco use is the single most preventable cause of death and disease in the United States.

## Actual causes of death

United States, 2000



Source: Mokhdad, A.H., Marks, J.S., Stroup, D.F., Gerberding, J.L. "Actual Causes of Death in the United States, 2000." *Journal of the American Medical Association*. 2004; 291(10):1238–1246.

## 2002–2004

**2002:** Cigarette excise tax: \$1.50; tax on other tobacco products increased to 37% of wholesale price.

**2002:** Law prohibiting common carriers from delivering cigarettes to New York residents enacted.

**2003:** Clean Indoor Air Act amended to prohibit smoking in all work and public places, including restaurants and bars.

**2003:** Health Care Reform Act funds Tobacco Use Prevention and Control Program at \$116 million over three years.

**2004:** First report of the Independent Evaluation of the Tobacco Control Program published. Annual reports follow.

**2004:** New York State Smokers' Quitline offers free starter kits of nicotine patches, gum or lozenge.

**2002:** New York receives \$956 million under MSA.

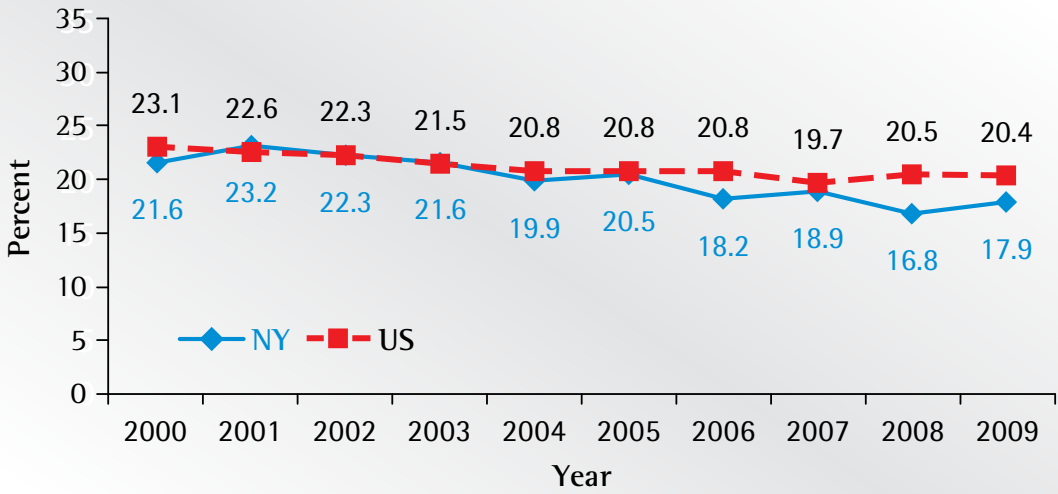
**2003:** New York receives \$956 million under MSA.

**2004:** New York receives \$802 million under MSA.

# PROGRESS TO DATE

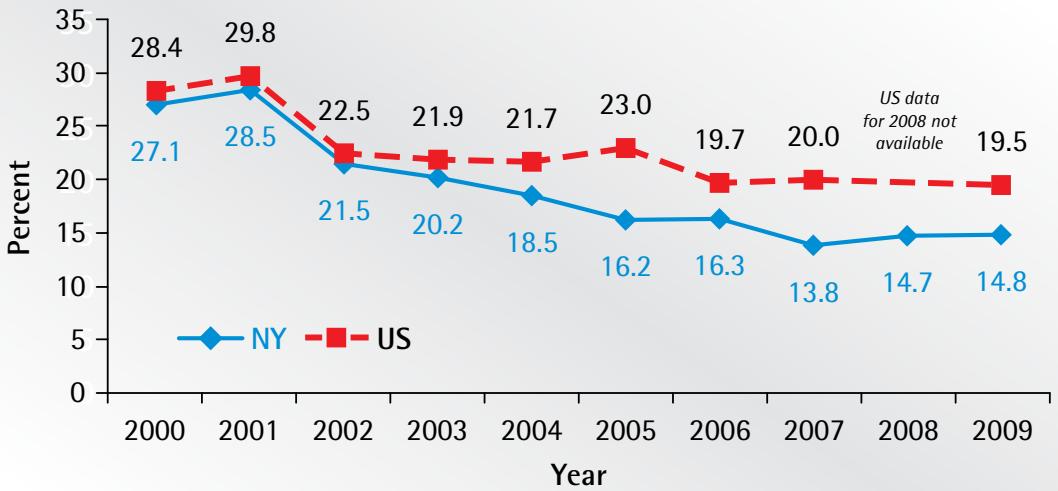
## Prevalence of cigarette use

Adults, New York State and US, 2000–2009



## Prevalence of cigarette use

High School Students, New York State and US, 2000–2009



### 2005–2007

**2005:** NY Attorney General reaches agreement with credit card companies to not process online tobacco transactions.

**2006:** R.J. Reynolds Tobacco Company and Attorneys General end sale of candy, fruit and alcohol flavored cigarettes.

**2005:** NY Attorney General reaches agreement with publishers of Time Magazine, Newsweek, People and Sports Illustrated to remove tobacco ads from magazines sent to schools.

**2006:** Tobacco Control Program funding increased to \$85.485 million annually.

**2005:** New York receives \$814 million under MSA.

**2006:** New York receives \$738 million under MSA.

**2007:** New York receives \$767 million under MSA.

# A DECADE OF PROGRESS

The New York State Tobacco Control Program (NYS TCP) began in January 2000 and over its first decade established a comprehensive and highly effective program built upon a foundation of community partners and evidence-based strategies from the CDC's *Best Practices for Comprehensive Tobacco Control Programs* and *The Guide to Community Preventive Services*.

**2000–2009** Over the decade the number of adult smokers in New York State is reduced by 500,000 and the number of youth smokers is reduced by 75,000.

**2003** Following implementation of the Clean Indoor Air Act amendment, exposure to second-hand smoke among nonsmoking adults is cut in half and hospital admissions for acute myocardial infarction decline by 8% (saving \$56 million in health care costs in 2004 alone).

**2003–2008** The NYS TCP expands its health communications interventions. Confirmed awareness of NYS TCP advertisements among New York State smokers increases from just 6% in 2003 to 52% in 2008, with similar increases among nonsmokers. The increased exposure to strong tobacco control messages impacts several key tobacco control outcomes such as the percentage of smokers who intend to quit (26% to 33.9%), the percentage of smokers who make quit attempts (46.3% to 57.4%) and the percentage of smokers with children who maintain smoke-free homes (35.7% to 58.2%).

**2004** The NYS TCP launches an expanded Quitline service offering pro-active callbacks; a fax referral service for medical providers to refer their clients to the Quitline; an expanded website; and free nicotine replacement therapy to eligible callers. By 2007, the Quitline responds to more than 200,000 calls annually.

**2005** The NYS TCP launches an initiative designed to reduce and eventually eliminate tobacco company and tobacco product advertising, sponsorship and promotion in communities across the state.

**2008–2009** New York State's cigarette excise tax increases to \$2.75 – at the time, the highest cigarette tax in the nation. New York State's adult smoking rate is at the lowest level on record. Rates of youth and adult smoking in the state are declining at rates that outpace national rates of decline.

**2010** The NYS TCP receives federal stimulus funding to advance statewide policy to protect children from the impact of retail tobacco marketing. New York State's cigarette excise tax increases to \$4.35 – the highest in the nation. In addition, New York State taxes "little cigars" at the same rate as cigarettes. New York State also raises its tax on snuff to \$2.00 per ounce, and increases the tax on other tobacco products such as smokeless tobacco and cigars to 75% of the wholesale price.

## 2008–2010

**2008:** Clean Indoor Air Act amended to prohibit smoking in dormitories, residence halls, and other group residential facilities that are owned or operated by colleges, universities, and other educational institutions.

**2008:** Cigarette excise tax: \$2.75

**2009:** Family Smoking Prevention and Tobacco Control Act gives the FDA the authority to regulate tobacco products and states greater authority to restrict tobacco product marketing.

**2009:** Federal cigarette excise tax: \$1.00

**2010:** Cigarette excise tax: \$4.35

**2010:** NYS TCP receives federal stimulus funding to reduce the impact of tobacco marketing on youth.

**2008:** New York receives \$834 million under MSA.

**2008:** NY Office of Alcoholism and Substance Abuse Services implements regulations that require all substance abuse treatment facilities to treat tobacco use and dependence and maintain tobacco-free grounds.



# NY TOBACCO CONTROL PROGRAM

## COMMUNITY ACTION

- Keep the price of cigarettes and tobacco products high.
- Increase the number of tobacco-free outdoor areas, including parks, recreation areas, building entryways, and health care, business and education campuses.
- Increase multi-unit dwellings that restrict or prohibit smoking.
- Increase the number of smokers living in smoke-free homes.
- Decrease youth exposure to retail tobacco product marketing and promotion.
- Increase the number of schools, colleges and universities that have comprehensive tobacco-free policies and refuse tobacco company sponsorships.



AND IT STARTS IN C

Find out what's in store for our kids at To



# PLAN AT A GLANCE

## STRATEGIES

### HEALTH COMMUNICATION

- Implement comprehensive media campaigns to promote cessation by focusing on the dangers of secondhand smoke, and manipulation and deception by the tobacco industry.
- Develop and expand public relations and media advocacy strategies to frame tobacco control issues, keep tobacco control on the public agenda, and increase support for tobacco control among decision-makers and the public.

### CESSATION

- Increase the number of health care organizations and providers that effectively implement the Public Health Service *Clinical Practice Guideline for Treating Tobacco Use and Dependence*.
- Support employer provision and promotion of tobacco dependence treatment for employees and adoption of tobacco-free campuses.
- Increase the number of public and private health insurance plans that provide comprehensive, lifetime coverage of tobacco dependence treatment.
- Provide cessation assistance through the New York State Smokers' Quitline.

**5,000** lives lost  
each year from smoking-related illness

**OUR STORES.**

[TobaccoFreeNYS.org](http://TobaccoFreeNYS.org)

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**Still think smoking is relaxing?**

Smoking is the leading cause of preventable death in New York State. But it doesn't have to be that way.

**We can help you quit.**  
**Call 1-866-NY-QUITS**  
(1-866-697-8487)

New York State Health Department

# GOAL: REDUCE ADULT PREVALENCE OF TOBACCO USE AND ADOLESCENT PREVALENCE OF TOBACCO USE

## ACTIVITIES AND APPROACHES

### COMMUNITY ACTION

#### **Government and policymaker**

**education** The NYS TCP and state and community partners educate government officials and policymakers at the state and local levels to increase the visibility of tobacco control successes, build support for tobacco control action, and increase knowledge about evidence-based tobacco control strategies.

#### **Advocacy with organizational**

**decision-makers** The NYS TCP and state and community partners advocate with organizations and institutions, including tobacco retailers, health care organizations, educational institutions, and parks and recreation officials to adopt policies and resolutions to prevent and reduce tobacco use and promote the tobacco-free norm.

**Community education** The NYS TCP and state and community partners build support among community members for tobacco control action, stimulate community demand for tobacco control policies, and demonstrate support for tobacco control initiatives.

**Paid and earned media** Paid advertising and news coverage of tobacco events support the NYS TCP and state and community partner efforts to advance tobacco control by educating the community and key community members and keeping the tobacco problem on the public agenda.

**Monitoring, assessment and infrastructure development** These keep the NYS TCP and state and community partners focused on achieving goals and building and maintaining capacity for tobacco control.

### HEALTH COMMUNICATION

**Paid media** The NYS TCP conducts several media campaigns each year: motivating smokers to quit by using graphic and emotionally evocative messages that demonstrate the health and social consequences of smoking; exposing the manipulative and deceptive marketing practices of the tobacco industry; demanding the removal of smoking and tobacco imagery from youth-rated movies; motivating health care providers and organizations to support patient cessation efforts; and promoting use of the New York State Smokers' Quitline.

**Public relations** The Department of Health and state and community partners use public relations strategies to augment and enhance paid media messages, capture the attention of state and community leaders and decision-makers, build support for tobacco control, effectively frame tobacco control issues and keep tobacco control at the top of state and community action agendas.

**Media advocacy** is used by the Department of Health and state and community partners to shape the public debate, encourage communities to rethink norms, and reach decision-makers to build support for effective tobacco control action.



PREVALENCE TO 12% AND  
CESSATION TO 10% BY 2013

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## CESSATION

### Government and policymaker

**education** The NYS TCP and state and community partners educate health care administrators and providers, insurers and employers, and government officials and policymakers to increase provision of and coverage for tobacco dependence treatment.

### Advocacy with organizational

**decision-makers** The NYS TCP and its partners advocate with decision-makers in health care organizations to implement recommendations from the *Clinical Practice Guideline for Treating Tobacco Use and Dependence*.

**Cessation services and support** The New York State Smokers' Quitline provides telephone and on-line cessation services and support.

**Causes Blindness**  
ng, call 1-866-NY-QUITS

New York State Department of Health



## ACKNOWLEDGEMENTS

The New York State Department of Health wishes to thank the following for their commitment and dedication toward the implementation of this plan to reduce death and disease caused by tobacco use.

- New York State Tobacco Control Program Statewide and Community Partners
- Members of the New York Tobacco Use Prevention and Control Advisory Council

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